FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

Section obligati	this box if no lo 16. Form 4 or ions may contir tion 1(b).		STAT		ed pur	suant	to Sectior	n 16(a	of the Sec	uritie	es Exchan	ge Act of 1		SHIP	Estim		er: ( verage burder sponse:	0.5
1. Name and Address of Reporting Person* Pienta Kenneth					2. Issuer Name <b>and</b> Ticker or Trading Symbol Cue Biopharma, Inc. [ CUE ]								Relationship eck all applic	cable) or	g Pers	10% Ow	ner/	
(Last) (First) (Middle) C/O CUE BIOPHARMA, INC. 21 ERIE STREET					3. Date of Earliest Transaction (Month/Day/Year) 03/25/2022								A below)	(give title Other (spe below) Chief Medical Officer		респу		
(Street) CAMBR (City)			02139 (Zip)		- 4. I	f Ame	ndment, I	Oate (	of Original F	iled (	(Month/Da	uy/Year)	Line	X Form f	iled by One iled by Moi	e Repo	(Check Apporting Person	1
		Tab	ole I - Nor	n-Deriv	/ativ	e Se	curities	s Ac	quired, C	Disp	osed o	f, or Be	neficial	ly Owned				
1. Title of Security (Instr. 3)  2. Trans Date (Month)				2A. Deemed Execution Date if any (Month/Day/Yea		Date,	Code (Instr. 5)			ed (A) or str. 3, 4 and	A) or 5. Amount Securities Beneficially Owned Foll Reported		Form (D) o	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) o (D)	r Price	Transaction(s) (Instr. 3 and 4)				, ,	
		-	Table II -						uired, Di					Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversio or Exercis Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Stock Option (right to	\$5.01	03/25/2022			A		40,000		(1)	03	3/24/2032	Common Stock	40,000	\$0.00	40,00	0	D	

## **Explanation of Responses:**

1. 1. This stock option grant becomes exercisable in eight equal semi-annual installments beginning September 25, 2022.

## Remarks:

buy)

/s/ Kenneth Pienta by Colin

03/29/2022

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).